

<div> <div> MULTIPLE DEPENDENT CLAIM  FEE CALCULATION SHEET  (FOR USE WITH FORM PTO-875) </div> <div> SERIAL NO. </div> </div> <div> FILING DATE </div>						
APPLICANT(S)						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	6					
TOTAL CLAIMS	10					
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